

Name
in
Full

Annie Barker

CERTIFICATE OF DEATH

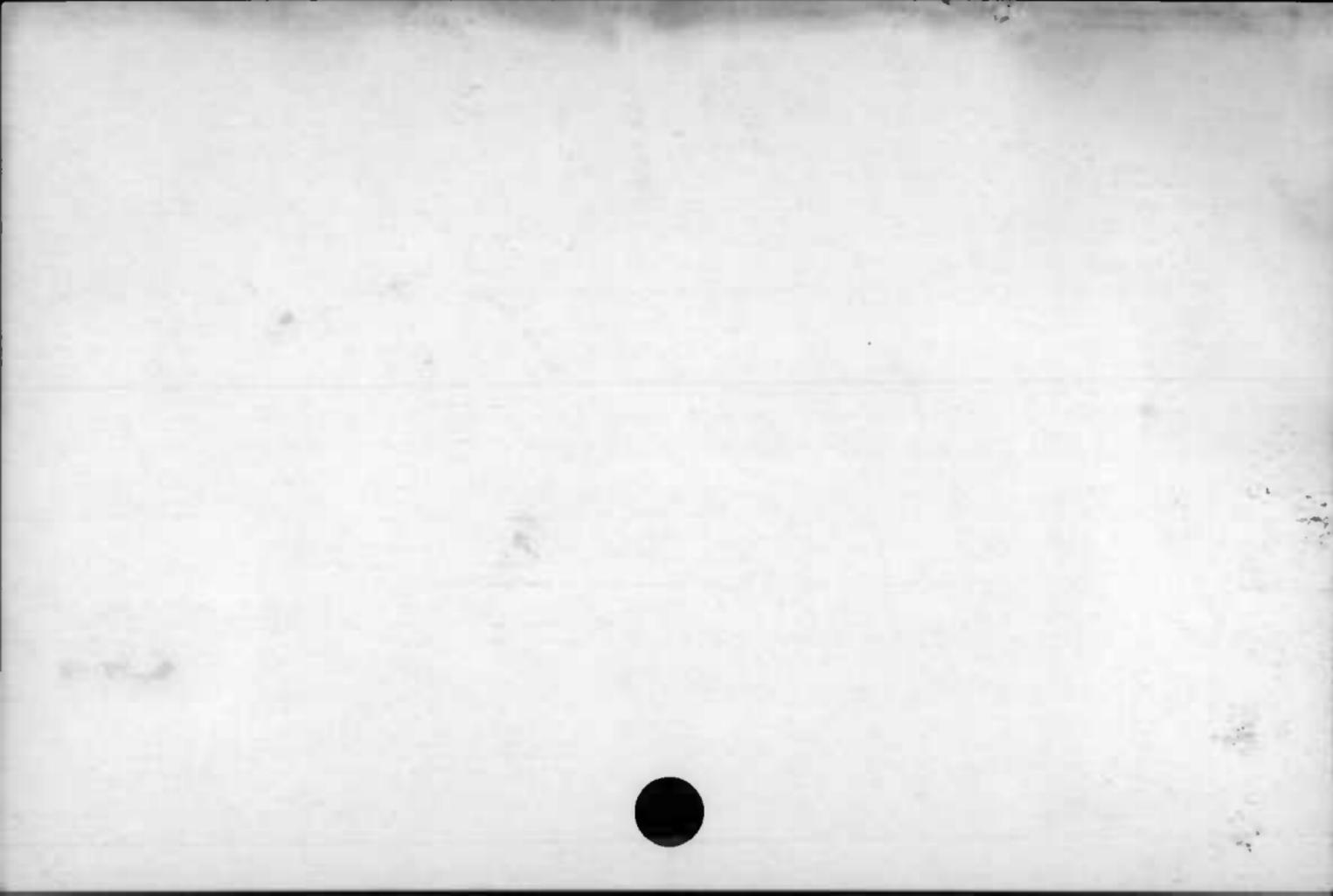
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1908	Month Dec	Day 16	Years 35 - Months 8 Days 2
Sex Female	Color or Race Colored	Birth-place St Mary's Co Md	
Married, Single or Widowed Married	Occupation Housewife		
Name of Wife or Husband Washington Gale			
Father's Name Joseph Barker	Father's Birthplace St Mary's Co		
Mother's Maiden Name Eliza Barker	Mother's Birthplace St Mary's Co		
Name of person giving information Washington Gale	How related to deceased Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Uranium Poisoning	How long three or four days
Immediate	Convulsions	How long few hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician C. L. Cecil
according to information given me		Address Noconino Md
Give me		
Accident or Suicide?		



Name
in
Full

Thomas Wilson Beach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Year
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Ema Beach	Jacob Beach	Md.
Name of person giving Information	Jas. W. Beach	Mother's Birthplace	Md.
	(B)	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping Cough

How long

3 weeks

Immediate

Exhaustion

How long

~

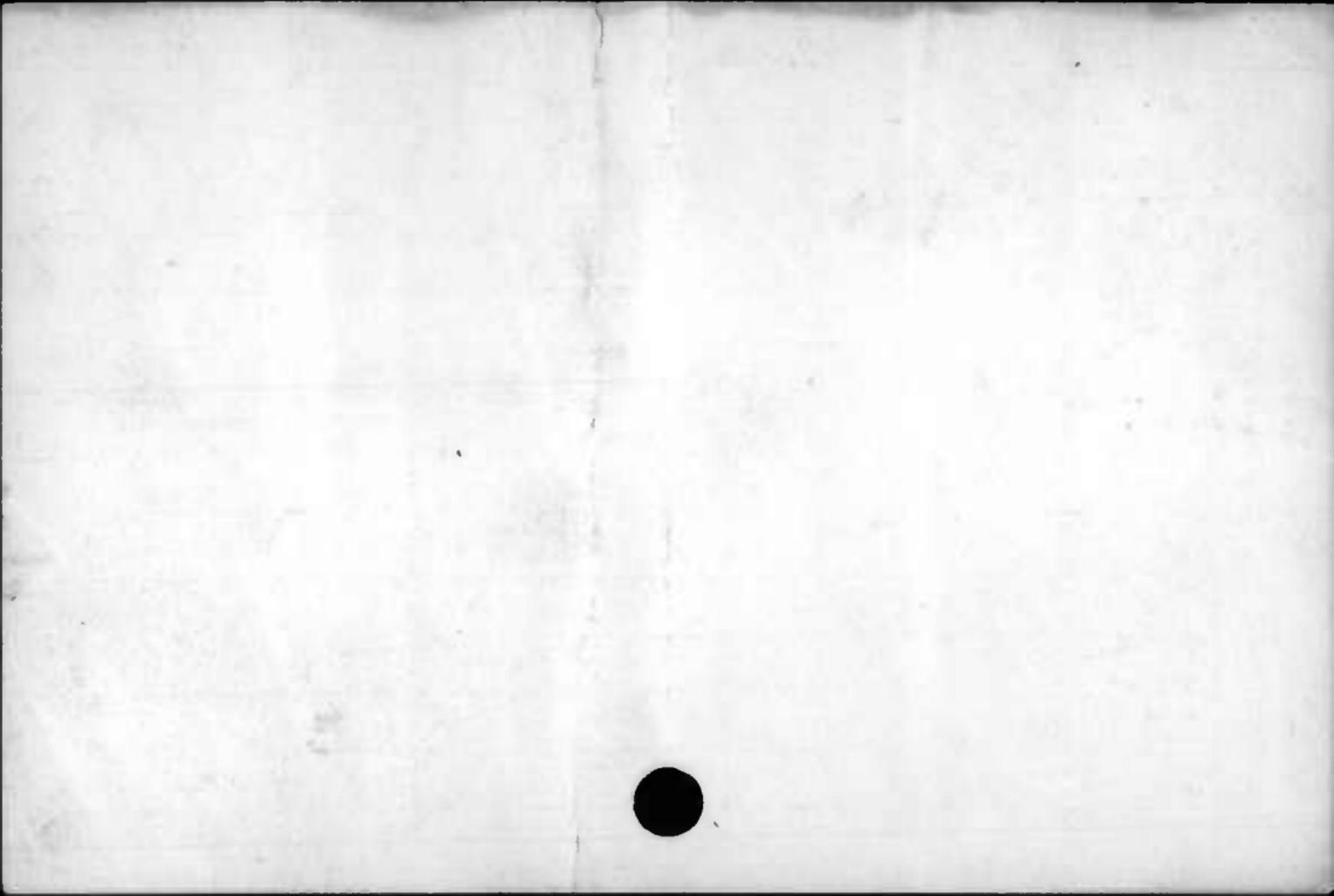
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. G. Barnes M.D.
Bryantown, Md.

Accident or Suicide?



Name
in
Full

Frances Drivits

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
1905	Dec.	9 th	Age Still Born
Sex	Color or Race	Birth-place	
Male	White American	Charles Co.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Edward Paul Drivits	Father's Birthplace	Baltimore Md.
Mother's Maiden Name	Eusie A. Crow	Mother's Birthplace	Ealy Co. Va
Name of person giving information	Edward Paul Drivits	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Don't Know

How long

S.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

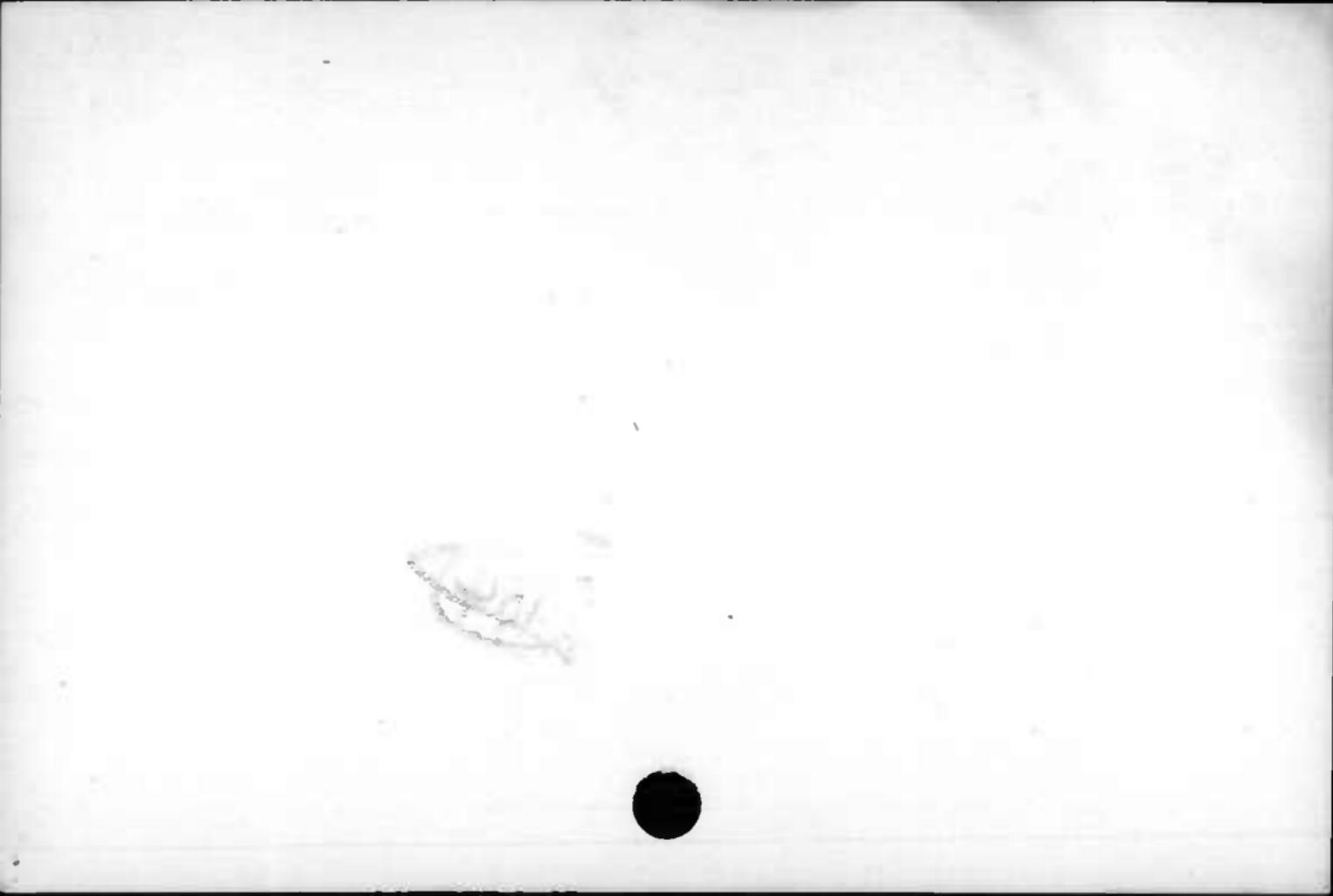
Peter W. Roby J. Pease Connor

Address

Bal. altar

Accident or Suicide?

M.d



Name
in
Full

Anna Olivia Floyd

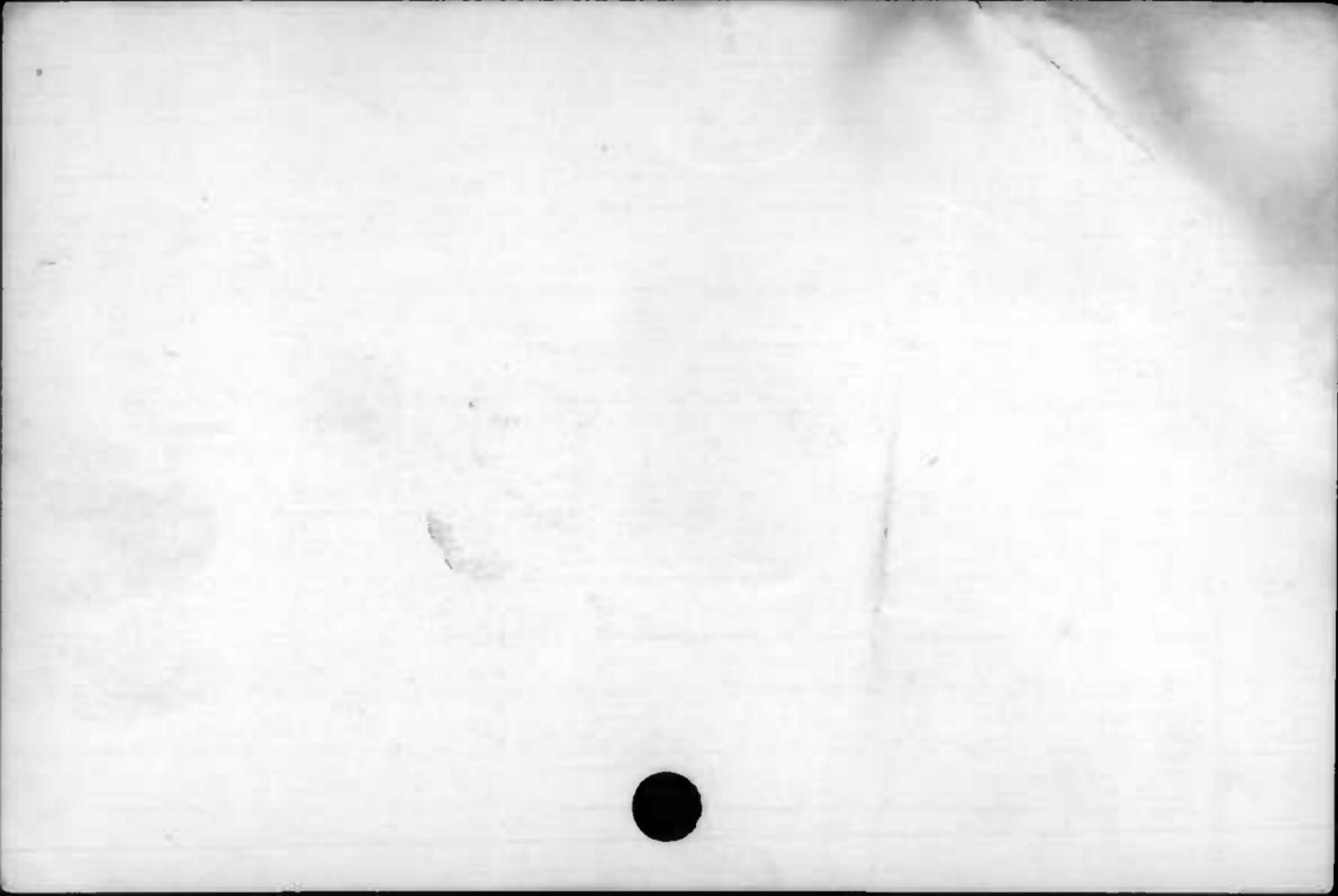
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Port Tobaccoe	Town	Charles	County	MARYLAND	
Date of death	1905	Month 12	Day 8	Age 79	Years	Months 6.
Sex	Female	Color or Race	White	Birth-place	md	Days
Occupation	Stone	Where Residing if not place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	David Floyd	Father's Birthplace	md			
Mother's Maiden Name	Sarah Dennis	Mother's Birthplace	md			
Name of person giving Information	Mrs Clarence Poser	How related to deceased	Friend			

CAUSES OF DEATH

Primary	Senility -		154	How long	One week
Immediate	Adema of lungs, Asthma, Cardiac failure		48 hours	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Dr. C. L. Remond MD		
Yes	Address		La Plata md		
Accident or Suicide?					



Name
in
Full

William H. Jenkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Ripley

County

Charles

MARYLAND

Date
of death

1905

Month

12.

Day

9

Years

76

Months

Days

Sex

m

Color or
Race

c

Birth-
place

md

Occupation

Carpenter

Where Residing if not
at place of death

Married, Single
or Widowed

m

Name of Wife or
Husband

Wm Jenkins

Father's
Name

Geo Jenkins

Father's
Birthplace

md

Mother's
Maiden Name

Not Known

Mother's
Birthplace

md

Name of person giving
Information

R. W. Jenkins

How related
to deceased

Son

CAUSES OF DEATH

Primary

Senility, Pulmonary Oedema

How long

2 months

Immediate

Heart failure

How long

24 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

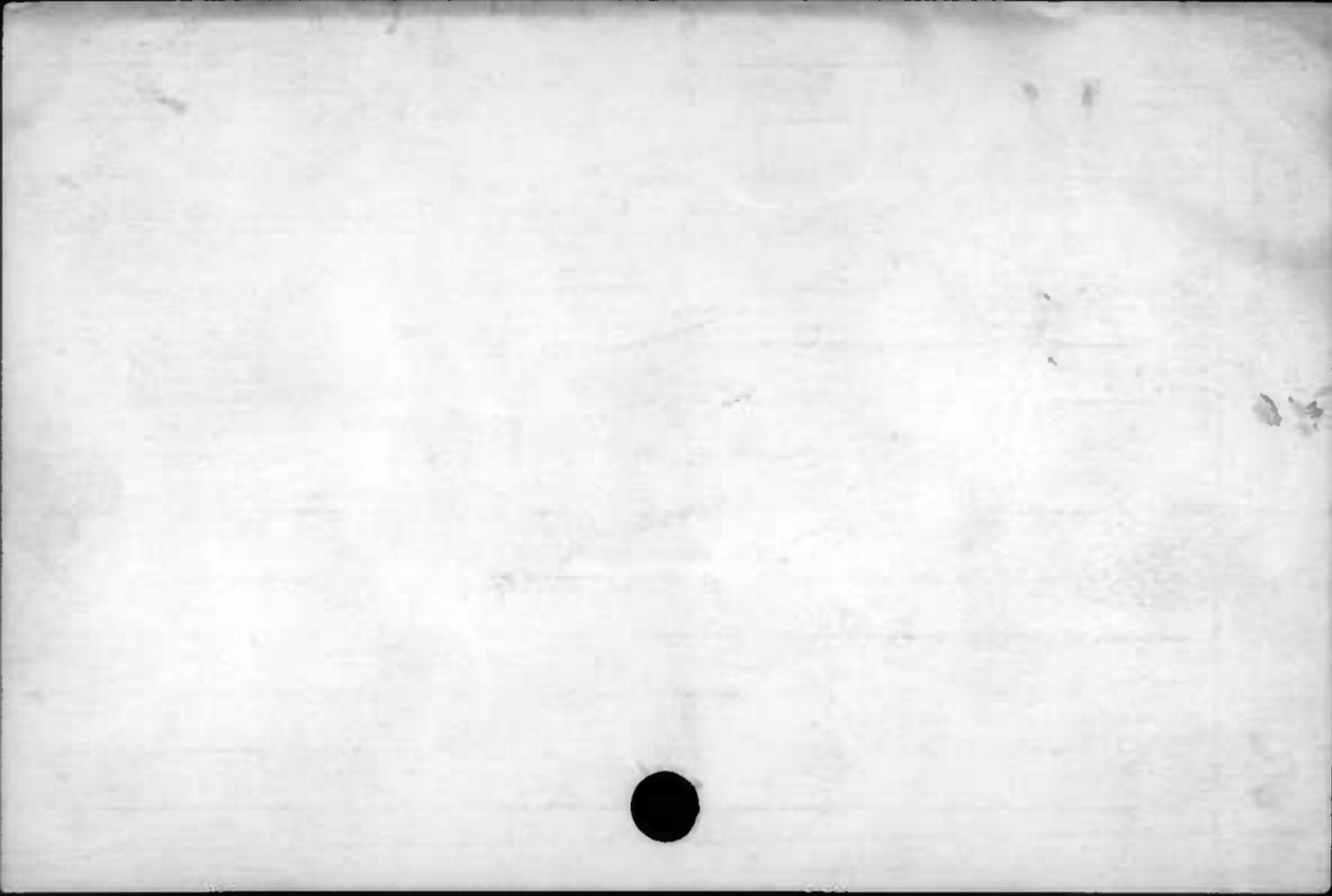
Paul L. Hansen

Address

La Plata md

Yes

Accident or Suicide?



Name
in
Full

Robert Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chickamuxen</u>		County <u>Charles</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>30</u>	Age <u>80</u>	Years	Months Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Chas. Co. Md.</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Ann Johnson</u>				
Name of Wife or Husband <u>Ann Johnson</u>					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <u>John Jenifer</u>	How related to deceased <u>None</u>				
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary

Senile debility and age

How long

three months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

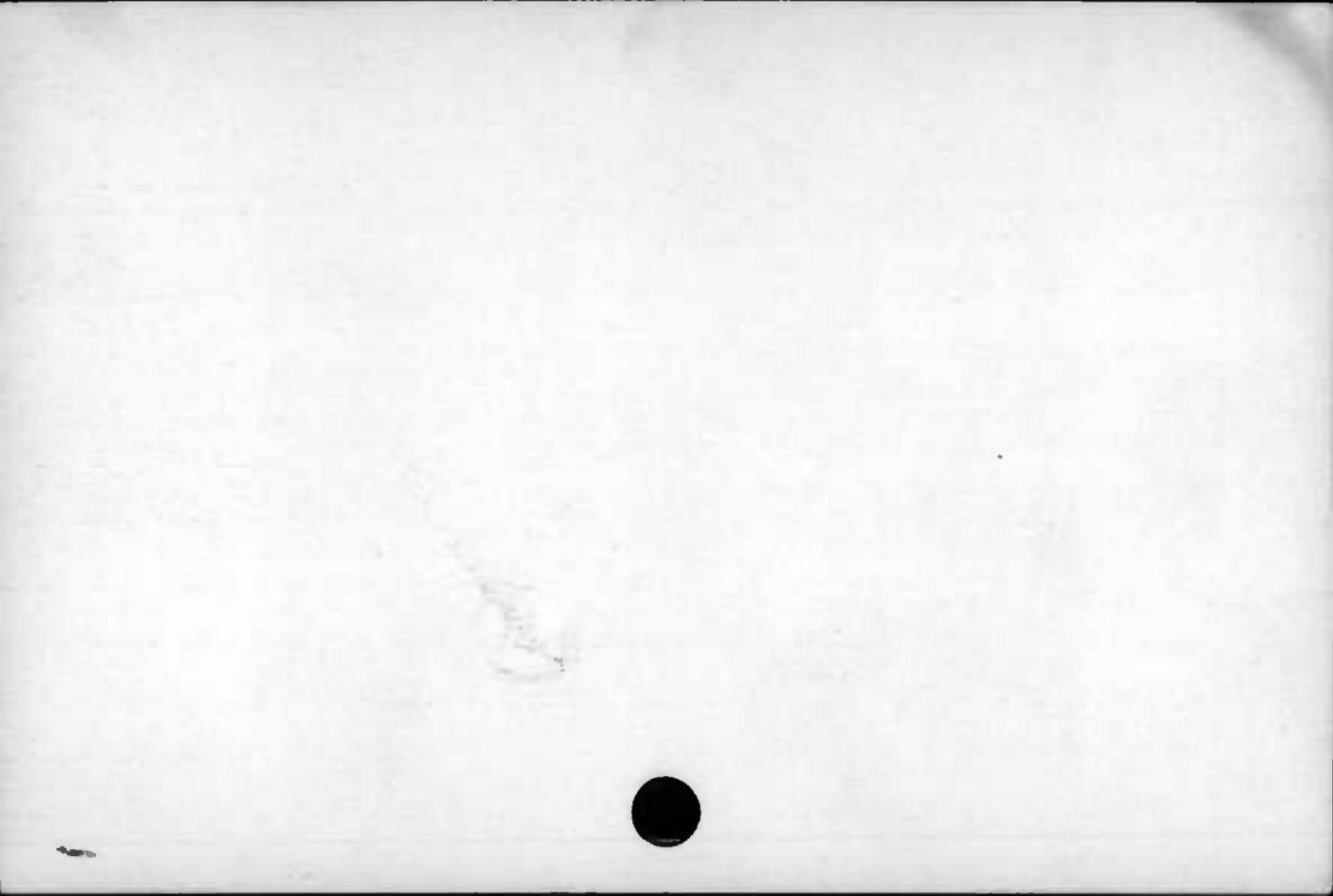
Address

S.H. Speake M.D.

Grayton

Md.

Accident or Suicide?



Name
in
Full

Mary Edith Kelly

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Town		County		MARYLAND		
Date of death 1905	Month Dec.	Day 30	Age —	Months	Days	16
Sex Female	Color or Race Colored African	Where Residing if not at place of death Charles Co.				
Occupation						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Hansen Kelly			Father's Birthplace Charles Co.			
Mother's Maiden Name Mary Della Hawkins			Mother's Birthplace Charles Co.			
Name of person giving Information Hansen Kelly			How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Crush

How long

15 days

Immediate

Cardiac Failure

How long

1 "

Are the name, age, sex, color, date
and place correctly given above?

Yes

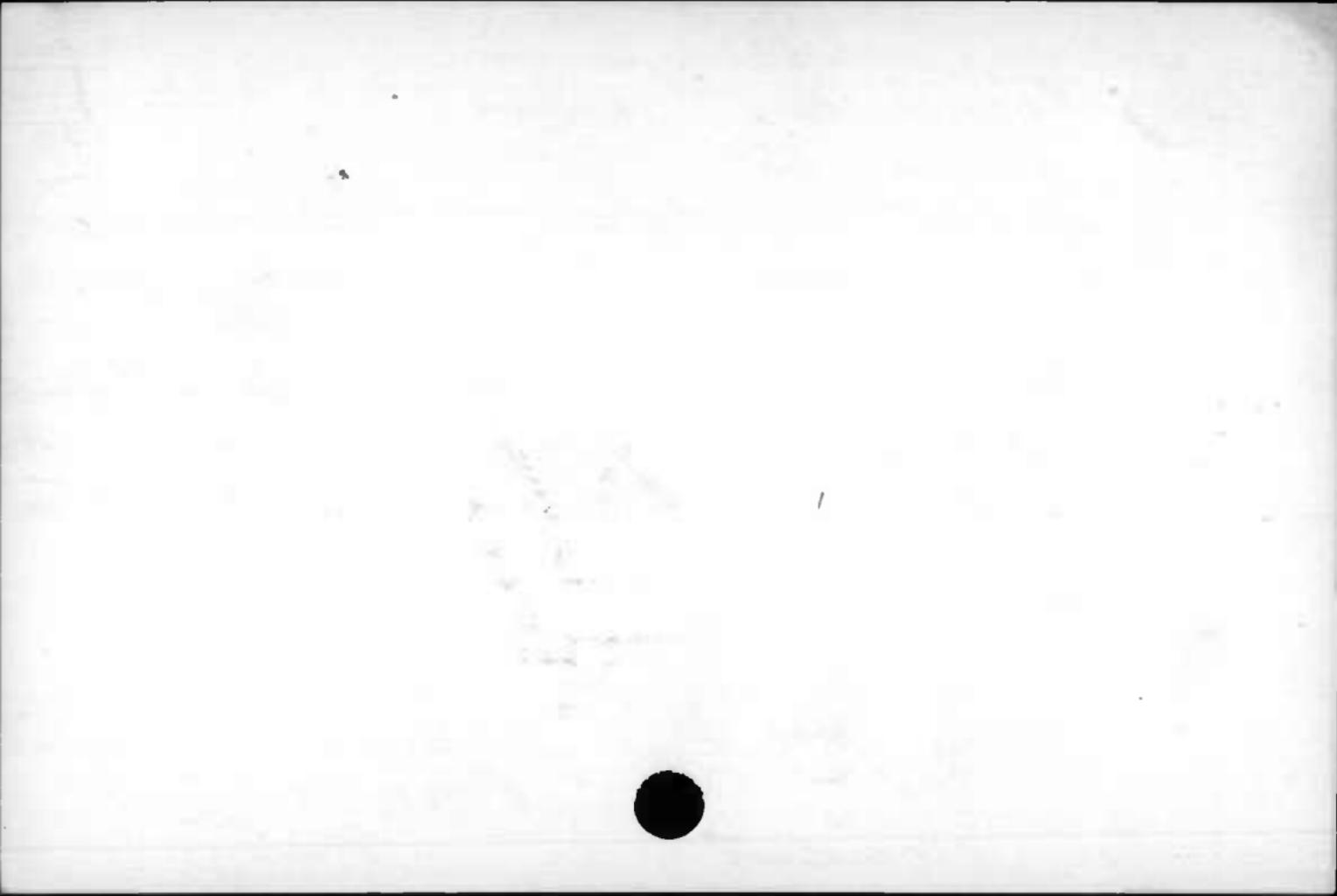
Signature of
Physician

Peter W. Roby & Pleasant Roby
Bel allin

Address

Accident or Suicide?

M. d.



Name
in
Full

Eliza Jane Wilsbach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race			Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alexander Bissier		Father's Birthplace	Oxon Co. Md.	
Mother's Maiden Name	Eliza Shannon		Mother's Birthplace	" " "	
Name of person giving Information	Alexander Bissier		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burn

How long

13 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

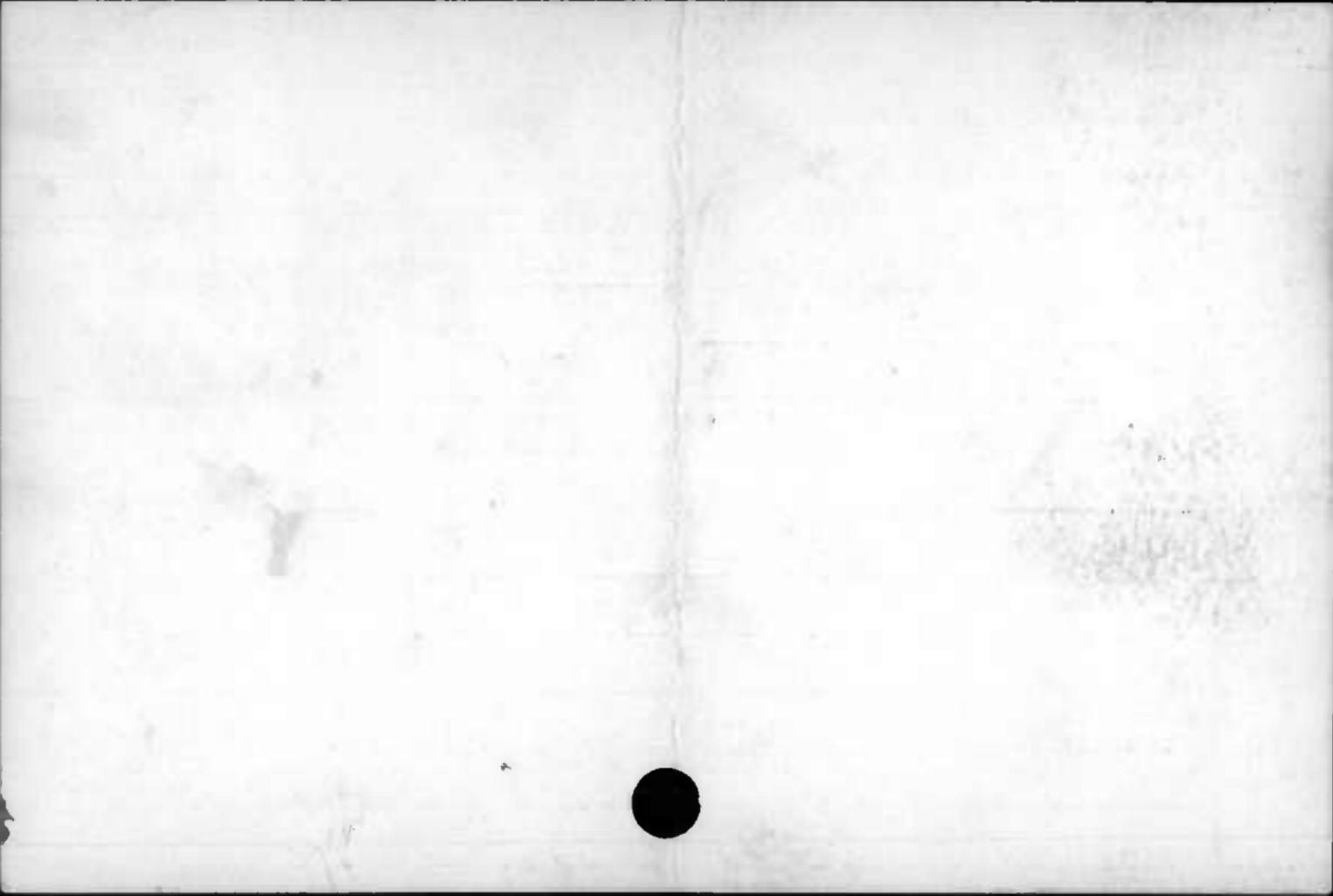
Signature of Physician

Add:

J. W. Mitchell M.D.
of Pomona
Md.

Accident or Suicide?

accident



Name
in
Full

Infant - Child of Geo Milstead

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Chesapeake</i>	County <i>Charles</i>	MARYLAND		
Date of death 190	Month <i>Dec</i>	Day <i>7</i>	Years <i>5</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Charles C. Md</i>			
Married, Single or Widowed	Occupation				
Name of Wife or Husband	<i>S</i>				
Father's Name <i>George Milstead</i>	Father's Birthplace <i>Charles C. Md</i>				
Mother's Maiden Name <i>Raya Wallace</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving Information <i>George Milstead</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born S

How long

Immediate

How long

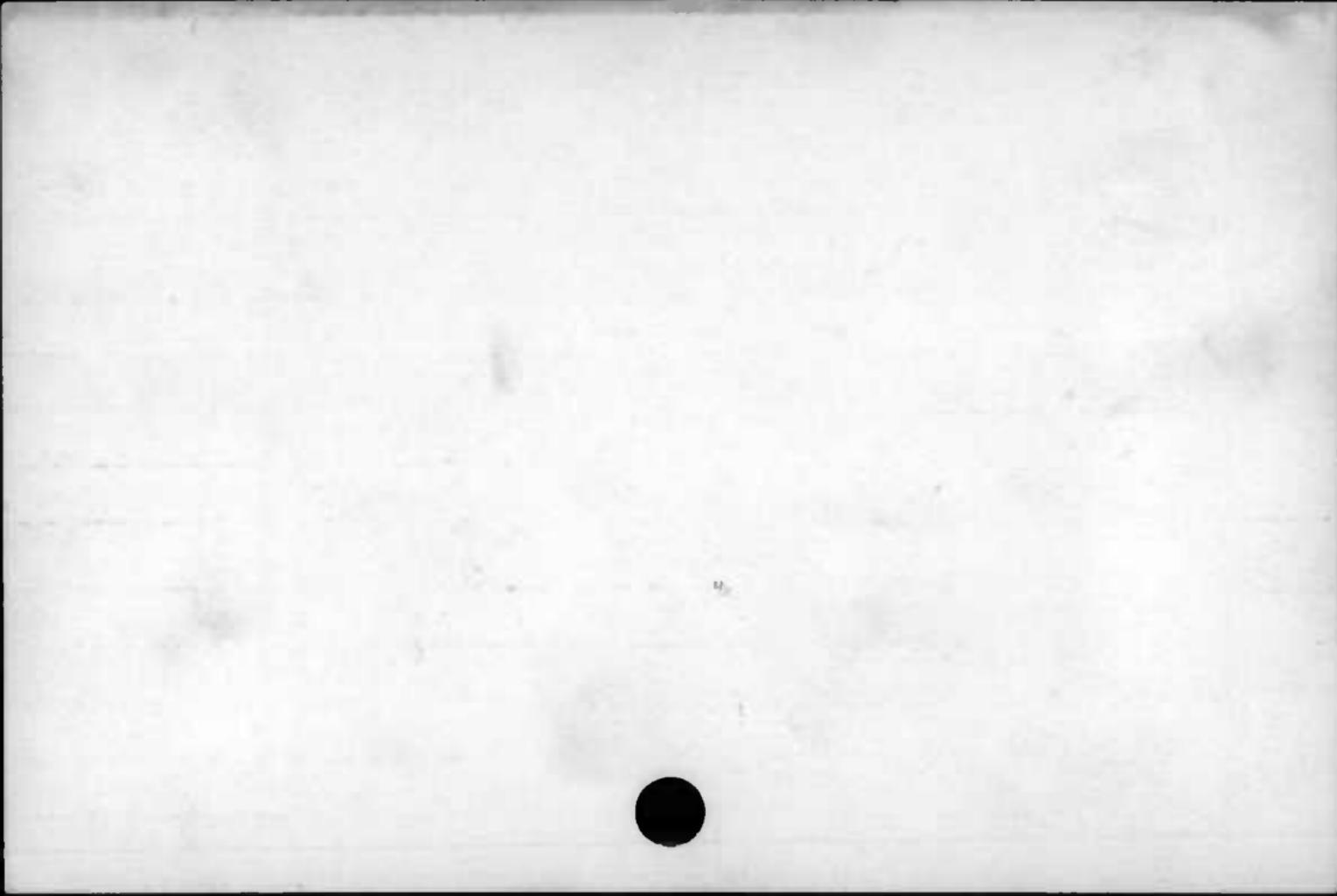
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*Maximilian Clements
Sect Regt*

Accident or Suicide?



Name
in
Full

James Morris Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Bal Alton	Charles		Months	Days	
Date of death	Month	Day	Years	Months	Days
1905	Dec	16	Age 1	7	6
Sex	Male	Color or Race	Mixed	Birth-place	Charles Co
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John B. Newman				
Mother's Maiden Name	Sarah Dunn				
Name of person giving information	John B. Newman				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cardiac Dilatation

How long

3 months

Immediate

Cardiac Failure

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. J. Newland

Address

Bal Alton
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jas R. Scott

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

Month

Day

Years

Age

6

Months

Days

1905

2

8

—

Sex

Boy

Color or
Race

Black

Birth-
place

2nd

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Geo Scott

Father's
Birthplace

May

Mother's
Maiden Name

Lulu Briley

Mother's
Birthplace

Mass

Name of person giving
Information

Geo Scott

How related
to deceased

Son

CAUSES OF DEATH

Primary

Malaria

How long

2 weeks

Immediate

20

How long

Are the name, age, sex, color, date
and place correctly given above?

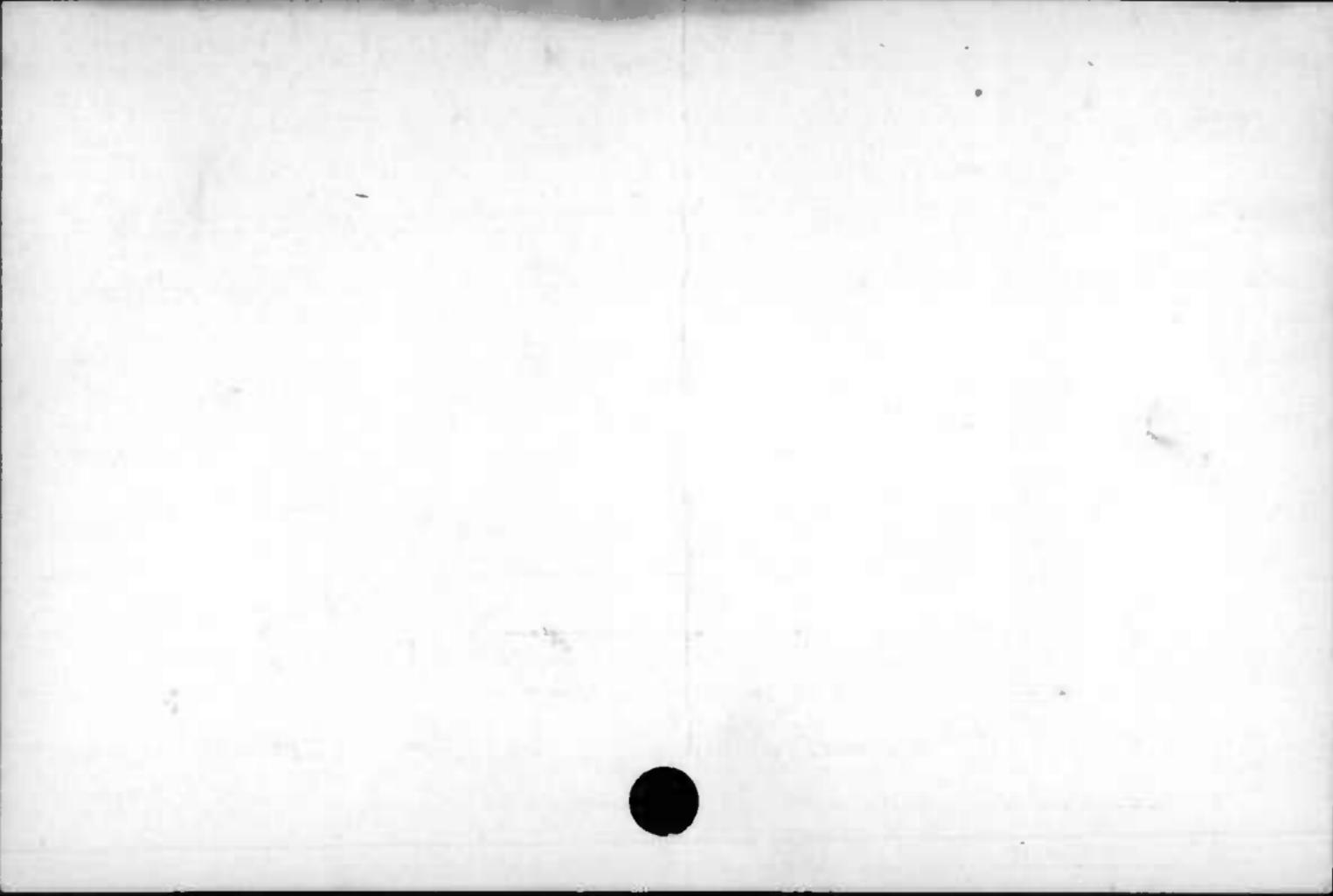
Signature of
Physician

Georges L. May

Address

Kensington
Maryland

Accident or Suicide?



Name
in
Full

Julia Stone

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	New Town	Town	County	MARYLAND		
Date of death	1905	Month Dec.	Day 31	Years 80	Months	Days
Sex	Female	Color or Race	colored African	Birth-place	Charles Co.	
Occupation	House Work	Where Residing is not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	Henry Stone	Father's Birthplace	Charles Co.	
Father's Name	Bern Dorsey				Mother's Birthplace	
Mother's Maiden Name	Doris Know				How related to deceased	Son
Name of person giving Information	Basil Stone					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

(X54)

How long

12 mo²

Immediate

Heart Failure

How long

2 Days

Are the name, age, sex, color, date and place correctly given above?

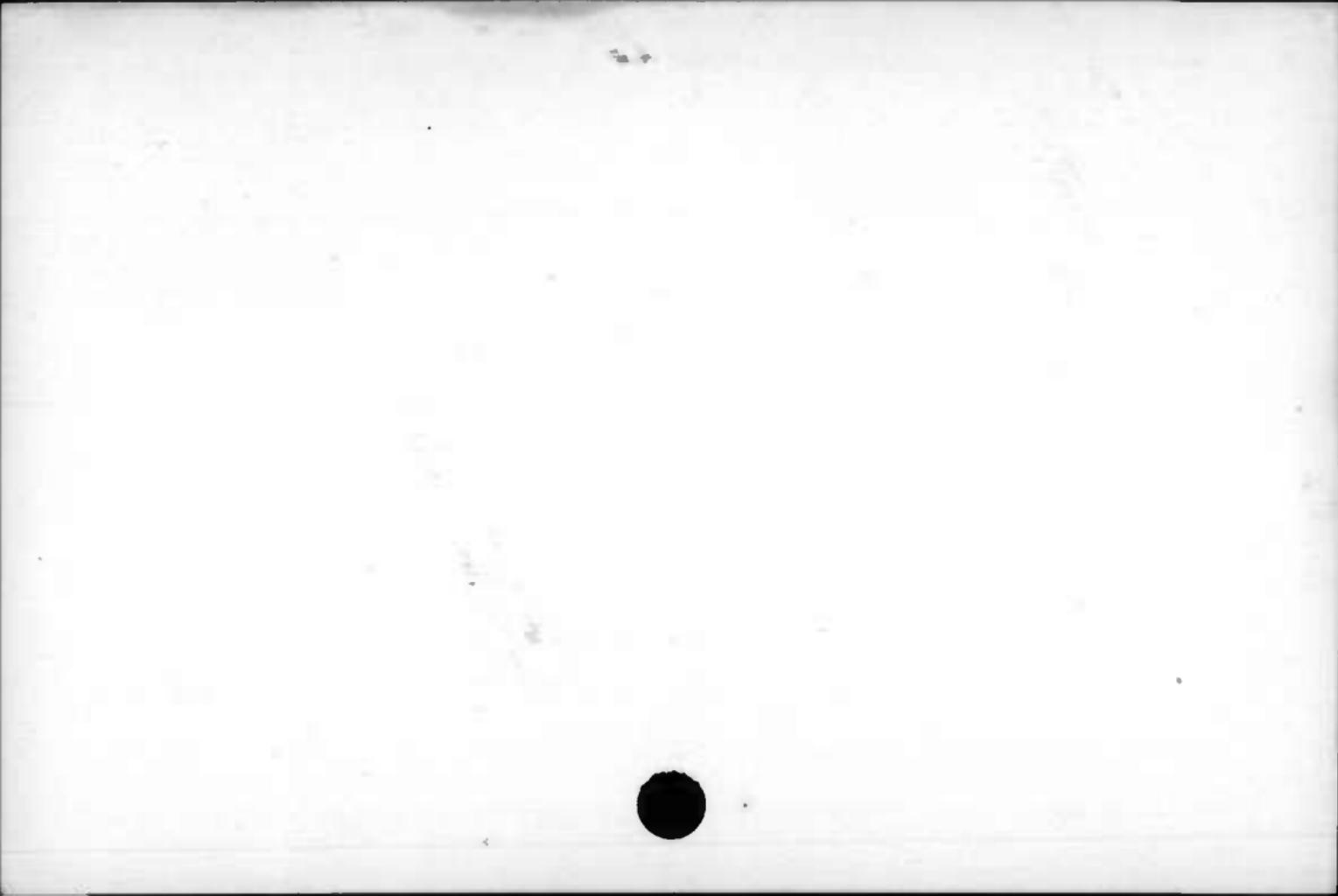
yes

Signature of Physician

Address

Peter W. Roby, M.D., or
B. L. Allen, M.D.

Accident or Suicide?



Name
in
Full

Benj. G. Stonestreet

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
La Plata	Charles		
Date of death	Month	Day	Years
1905	Dec	10 th	74
Age		Months	Days
Sex	Color or Race	Birth-place	
Male	white	Charles Co	
Occupation	Where Residing if not at place of death		
Bank Lawyer Farmer	La Plata		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Widower	Wm. H.	Charles Co	
Father's Name		Mother's Birthplace	
Col. Nicholas Stonestreet		Charles Co	
Mother's Maiden Name		How related to deceased	
Anne E Harris		none	
Name of person giving information			
Henry G. Robertson			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplexy

How long

Immediate

How long

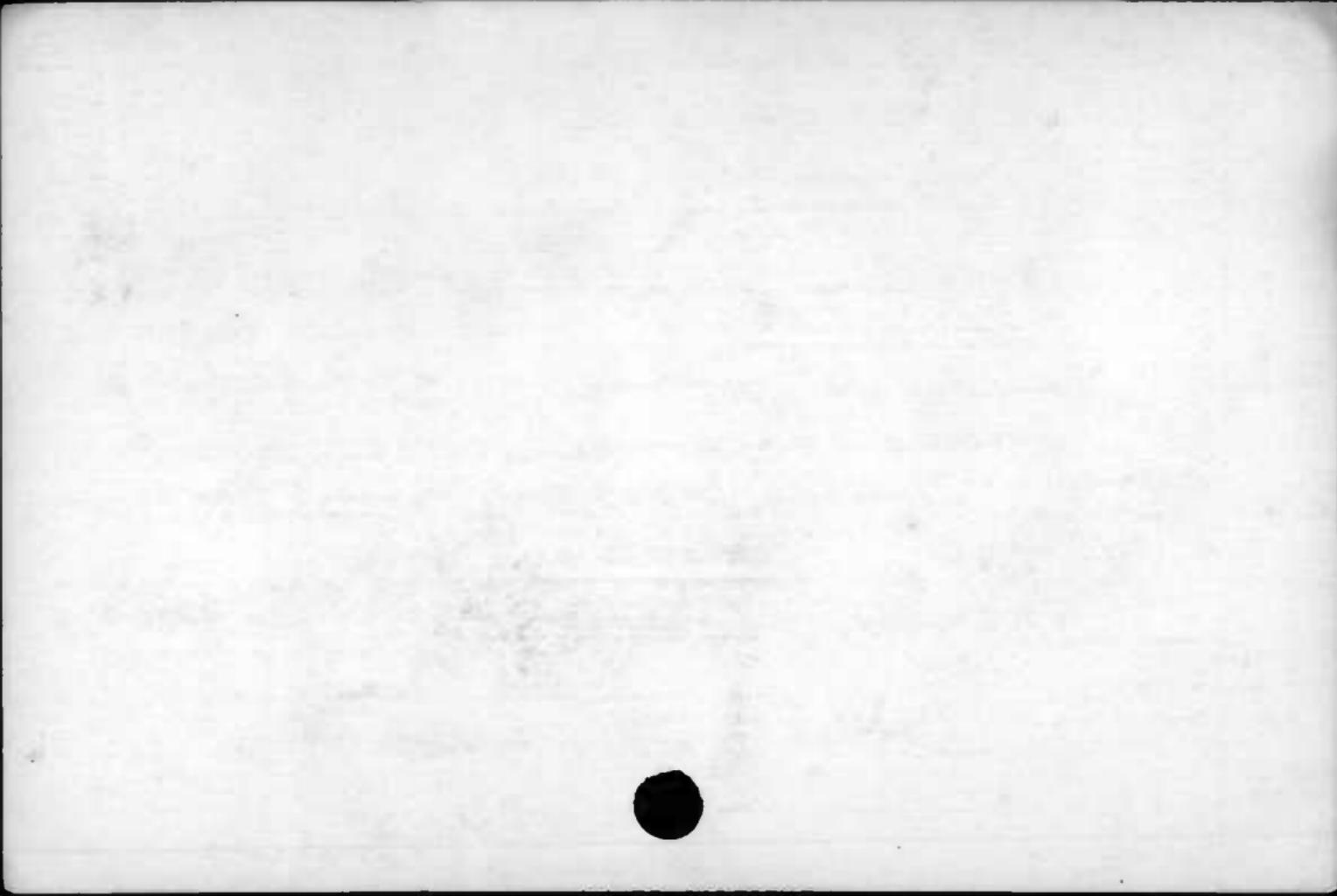
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Thos. S. Owen M.D.
La Plata Md

Accident or Suicide?



Name
in
Full

Wm Joseph Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	County		MARYLAND		
W. Baltimore	Ches				
Date of death 1905	Month 12	Day 15	Age 3	Years	Months
Sex Male	Color or Race Black	Birth- place Cheltenham			
Married, Single or Widowed Single	Occupation nurse				
Name of Wife or Husband None					
Father's Name Lancy Warren	Father's Birthplace Cheltenham				
Mother's Maiden Name Louisa Lee	Mother's Birthplace " "				
Name of person giving Information Lancy Warren	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia



How long

2 weeks

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

nurse

Address

Accident or Suicide?

Wm. Browne
Jude

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True Bird